

**Sample****EVALUATION OF PROSPECTIVE TRAINING STATION**

Name of Firm \_\_\_\_\_ Date Visited \_\_\_\_\_

Address \_\_\_\_\_ Owner's Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Dept. \_\_\_\_\_

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_ No. of Workers \_\_\_\_\_

Possible Beginning Jobs for Work Stations:

Job Title \_\_\_\_\_ No. of Workers at this level \_\_\_\_\_

Job Title \_\_\_\_\_ No. of Workers at this level \_\_\_\_\_

<b>RATING FACTORS</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Reason</b>
1. Management interest in training program					
2. Supervisors' interest in student-learners					
3. Suitable occupations for training					
4. Student-learners accepted as part of regular work force					
5. Opportunity for variety of work experience					
6. Employment opportunity after graduation					
7. Opportunity for advancement					
8. Student-learner would not displace regular worker.					
9. Student-learner pay scale commensurate with others in same job					
10. Proximity to educational institution					
11. Lack of hazards (morals, hours, dangers)					
12. Equal opportunity employer					
13. Facilities handicap accessible					
14. Adequate, modern facilities and equipment					
<b>Overall Evaluation (Check One)</b>	<b>Excellent <input type="checkbox"/></b>	<b>Good <input type="checkbox"/></b>	<b>Fair <input type="checkbox"/></b>	<b>Poor <input type="checkbox"/></b>	<b>Total Points</b>

Possible Job Supervisors: Name \_\_\_\_\_ Title \_\_\_\_\_ Dept. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Dept. \_\_\_\_\_

Comments: \_\_\_\_\_

**Teacher-Coordinator Signature** \_\_\_\_\_

**SAMPLE****WORK BASED LEARNING (WBL)  
TRAINING AGREEMENT**

Student Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Days per Week: \_\_\_\_\_ Hours per Day: \_\_\_\_\_ Hours \_\_\_\_\_ A.M. and \_\_\_\_\_ P.M.  
School Name: \_\_\_\_\_ School Location: \_\_\_\_\_  
Career Cluster: \_\_\_\_\_ Training/Occupation Title: \_\_\_\_\_

**Work based Learning Activity:** (Check all that apply)

- |                                                    |                                               |                                                    |
|----------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Youth Apprenticeship      | <input type="checkbox"/> Field Trip           | <input type="checkbox"/> Service Learning Projects |
| <input type="checkbox"/> Preapprenticeship         | <input type="checkbox"/> Internship/Practicum | <input type="checkbox"/> WECEP                     |
| <input type="checkbox"/> Registered Apprenticeship | <input type="checkbox"/> Job Shadowing        | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Clinical Work Experience  | <input type="checkbox"/> Mentorship           | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Cooperative Education     | <input type="checkbox"/> Part Time Work       | <input type="checkbox"/> Other _____               |

**EMPLOYER'S RESPONSIBILITIES.** The employer agrees to place the student learner in the activity specified above for the purpose of providing occupational experience of instructional value. The activity will be under the supervision of a qualified supervisor and will be performed under safe and hazard free conditions. The student learner will receive the same consideration given employees with regard to safety, health, social security, general work conditions and other policies and procedures of the firm. Safety instruction will be coordinated by the school and correlated by the employer. The employer will adhere to all State and Federal Regulations regarding employment, child labor laws and minimum wages, and will not discriminate in employment policies, educational programs or activities for reasons of race, sex, color, religion, national origin, marital status, age or handicap. The student learner will not displace a regular worker.

**WBL COORDINATOR'S RESPONSIBILITIES.** The WBL coordinator agrees to work with the employer in developing a written training plan that includes progressive work processes to be performed on the job. The coordinator will visit each student learner at the training station and continue a close working relationship with the person to whom the student learner is responsible while on the job. The coordinator shall attempt to resolve any complaints through the cooperative efforts of all parties concerned. The coordinator will meet with each student learner's parent and/or guardian prior to placement and during the school year. The local education office and employer will keep each student learner's Training Agreement on file for three (3) years.

**PARENT'S/GUARDIAN'S RESPONSIBILITIES.** Parent and/or guardian agree for the student to participate in a WBL opportunity provided by the public schools.

**STUDENT'S RESPONSIBILITIES.** The student learner is enrolled in a WBL course of study and agrees to follow rules and guidelines established by the school, employer and WBL coordinator with regard to hours of work, school attendance and reporting procedures.

**HAZARDOUS OCCUPATIONS EXCEPTION.** Will the student be involved in a hazardous occupation as defined under the Federal Child Labor guidelines? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, the **Student Learner Exemption Agreement** must be completed.)

Parents agree to arrange transportation for their child to and from the work site. By signing this form they are giving permission for their child to receive emergency medical treatment in case of injury or illness. They also understand that school personnel will not be present when the student is at the site and will not be responsible for their child. All signatories agree to comply with the responsibilities specified in the training agreement.

_____ Date _____	_____ Date _____
Student	WBL Coordinator
_____ Date _____	_____ Date _____
Parent or Guardian	Employer
_____	_____
Employer's Insurance Carrier	Carrier's Contact Person

**SAMPLE**

**WORK BASED LEARNING (WBL)**  
**Federal Child Labor Law Hazardous Occupation**  
**STUDENT LEARNER EXEMPTION AGREEMENT**

**STUDENT/WORK SITE DATA**

Student's Name \_\_\_\_\_ SS # \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_  
WBL Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_  
School \_\_\_\_\_  
Parent Guardian \_\_\_\_\_ Phone # \_\_\_\_\_  
Apprenticeship Site \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_  
Date Assignment Starts \_\_\_\_\_ Planned Ending Date \_\_\_\_\_  
Travel Arrangements \_\_\_\_\_

**16 and 17 Year Old Student Learners**

With the *Student Learner Exemption Agreement* students can be employed in specific occupations declared hazardous by the Federal Child Labor Law. This agreement may only be executed in approved WBL programs that provide specific skills training and result in placement of students in employment specifically related to that training. This agreement only applies to 16- and 17-year old student learners and specific occupations.

**CHECK THE HAZARDOUS OCCUPATION(S) FOR WHICH THE EXEMPTION APPLIES:**

- ☐ On a scaffolding, roof, superstructure, residential building construction, or ladder above 6 feet.
- ☐ In the operation of power-driven woodworking machines.
- ☐ In the operation of power-driven metal forming, punching, or shearing machines.
- ☐ Slaughtering, meat packing, processing, or rendering, except as provided in 29 C.F.R. part 570.61 (c).
- ☐ In the operation of power-driven paper products and printing machines.
- ☐ Excavation operations.
- ☐ Working on electric apparatus or wiring.
- ☐ Operating or assisting to operate, including starting, stopping, connecting or disconnecting, feeding, or any activity involving physical contact associated with operating tractors over 20 PTO horsepower, any trencher or earthmoving equipment, fork lift, or any harvesting, planting, or plowing machinery, or any moving machinery.

In accordance with Section 450.061 (2), the undersigned attest to the following:

- (1) The student learner is enrolled in a youth vocational training program under a recognized state or local educational authority.
- (2) The work of the student learner in the occupation declared particularly hazardous is incidental to the training received.
- (3) The work performed shall be intermittent and for short periods of time and under the direct and close supervision of a qualified and experienced person.
- (4) That safety instructions shall be given by the school and correlated by the employer with on-the-job training.
- (5) That the student has a schedule of organized and progressive work processes to perform on the job.

\_\_\_\_\_  
Student's Name (type or print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's/Guardian's Name (type or print)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Employer's Name (type or print)

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Coordinator's Name (type or print)

\_\_\_\_\_  
Coordinator's Signature

\_\_\_\_\_  
Principal's Name (type or print)

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Optional: Superintendent's Name (type or print)

\_\_\_\_\_  
Optional: Superintendent's Signature

**A copy of this agreement shall be maintained by the employer and the school.**

SAMPLE

**WORK BASED LEARNING (WBL)  
INSURANCE AND EMERGENCY INFORMATION**

**PERSONAL DATA**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Home Phone \_\_\_\_\_

School Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE COVERAGE**

<u>Insurance Coverage</u>	<u>Yes/No</u>	<u>Family</u>	<u>School</u>	<u>Employer</u>
Liability and/or Bonding	_____	_____	_____	_____
Workers' Compensation	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____

Name of H/A Ins. Co. \_\_\_\_\_ Insured \_\_\_\_\_ Policy # \_\_\_\_\_

**NOTE: Please identify who is providing coverage by placing an (X) in the appropriate box.**

**STUDENT MEDICAL INFORMATION**

List medical information about the student that would be helpful in case of an emergency.

Allergic to medications? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what medications? \_\_\_\_\_

List any allergies or other medical problems of the student. \_\_\_\_\_

**FAMILY INFORMATION**

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Name/Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Name/Address \_\_\_\_\_

Parent/Guardian Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**SIGNATURES**

**I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: This form should be kept on file at school. If student is participating in a WBL activity, a copy should also be on file at the work site.**

**SAMPLE****COOPERATIVE EDUCATION (COOP)  
TRAINING AGREEMENT****(THIS FORM MAY NOT BE NECESSARY IF THE WBL TRAINING AGREEMENT IS USED)**

This agreement is part of Federal and State school-to-work transition guidelines to provide students the opportunity to make the transition from school to work and be prepared to compete for the emerging high skills technology careers for the twenty-first century. An agreement must be signed by the employer, educator, student and parent/guardian that outlines the training plan and expectations of all parties involved. The schools and employers participating in this agreement are equal opportunity organizations and do not discriminate on the basis of race, color, religion, national or ethnic origin, disability, sex or age.

Student's Name \_\_\_\_\_ SS # \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_  
WBL Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_  
School \_\_\_\_\_  
Parent Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Coop Site \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_  
Date Assignment Starts \_\_\_\_\_ Planned Ending Date \_\_\_\_\_  
Travel arrangements \_\_\_\_\_

**ALL PARTIES JOINTLY AGREE TO THE FOLLOWING**

1. There will be monetary compensation for participation in the program.
2. Experience shall be at a business/industry site directly related to the occupational interest expressed by the student.
3. Student is responsible for contacting the employer to set up employment interview.
4. The parent or guardian shall be responsible to the school for the conduct of the student participating in the program.
5. Safety instruction will be provided by the employer.
6. Appropriate accident, liability, and workers' compensation insurance coverage will be provided.
7. This agreement may be terminated after consultation with the coordinator, for due cause, or for unforeseen business conditions.
8. The employer shall conform with all federal, state, and local labor laws.
9. The employer will provide regular evaluations of the student.
10. The student will remain in the Coop position for the agreed upon period.
11. The parent or guardian will provide transportation for the student to and from the employment site.
12. Students will be accepted in the program and placed in employment without regard to race, color, national origin, sex, handicap, or disadvantage.

**SIGNATURES**

I give permission for my son/daughter to be released from school to participate in the program described above and agree with the travel arrangements listed. I understand that school personnel may not have visited the site, may not have met the employer, and will not be present when student is working at the site.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Student \_\_\_\_\_ Date \_\_\_\_\_  
Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
Employer \_\_\_\_\_ Date \_\_\_\_\_

**Return this form with all signatures at least 5 days before your program begins.**

**COOPERATIVE EDUCATION (COOP)  
TRAINING PLAN AND PROGRESS REPORT**

The Coop Program is designed as an educational partnership between \_\_\_\_\_  
(School/Partnership), and \_\_\_\_\_ (Employer).

**STUDENT/WORK SITE DATA**

Student's Name \_\_\_\_\_ SS # \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

WBL Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

School/Address \_\_\_\_\_

Parent Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

**Student Career Objective** \_\_\_\_\_

**COOP Site** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Address** \_\_\_\_\_

**Work Site Supervisor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Date Assignment Starts** \_\_\_\_\_ **Planned Ending Date** \_\_\_\_\_

**Travel Arrangements** \_\_\_\_\_

**GENERAL REQUIREMENTS**

**STUDENT TRAINING PLAN:** The student training plan will include competencies to be mastered, connection of school site and work site competencies, career development information, and training activities scheduled for the school year.

**WAGES:** Wages must be paid during the training program in accordance with state and federal labor laws.

**SCHEDULE OF CLASSES:** Students participating in the program may train at the work site up to four hours a day, 20 hours per week. Training schedules will generally follow the school schedule regarding school days and holidays.

**EXPECTATIONS:** Upon graduation from high school, the student successfully completing the program will receive a high school diploma and may receive a certificate of mastery upon successfully completing the expected competency levels. The student will be prepared to enter the work force, pursue an associate degree at a two-year college, or apply for admission to a four-year college or university.

**OBJECTIVES**

The objective of the program is to give students the opportunity to gain work experience through the school-to-career setting, which may lead to a certificate of mastery. This would be accomplished by placing the student-learners in part time employment approximately 5 to 20 hours per week. Credit towards completion of an associates degree may be concurrently earned by the student-learner.

## RESPONSIBILITIES

### THE STUDENT WILL:

- ◆ Be prompt and maintain regular attendance at school and the training site.
- ◆ Obey all rules and regulations at school and the training site.
- ◆ Maintain high academic and training standards.
- ◆ Call appropriate school and training personnel if late or absent for reasons beyond the student's control.
- ◆ Arrive at training site appropriately dressed.
- ◆ Communicate openly with school coordinator or training mentor concerning any problems, concerns, or conditions that are interfering with progress at school or the training site.

### THE PARENT(S) OR GUARDIAN WILL:

- ◆ Grant permission and give support for school-to-careers participation.
- ◆ Inform instructor/coordinator of information vital to the performance and success of the student.
- ◆ Provide transportation to and from the training site.
- ◆ Attend any meetings or activities to promote or monitor the student's progress.
- ◆ Provide appropriate medical insurance coverage.

### EMPLOYER TRAINING PARTNER WILL:

- ◆ Interview and select students for the program.
- ◆ Provide a comprehensive training plan developed in coordination with the school districts. The plan includes work site competencies and school site competencies (see attached lists).
- ◆ Appoint a training supervisor/mentor for the student.
- ◆ Provide appropriate training space and equipment.
- ◆ Ensure that appropriate accident, liability, and workers' compensation insurance coverage is provided.
- ◆ Assess student's progress on a regular basis.
- ◆ Notify the sending school if the student is absent without notification.
- ◆ Provide safety instruction for student training.
- ◆ Permit the school's representative(s) to visit the student and supervisor at training site.
- ◆ Not displace a regular employee.
- ◆ Maintain appropriate records.

### THE SCHOOL WILL:

- ◆ Appoint a coordinator to assist students at school and the training site.
- ◆ Work with the employer training partner in developing a comprehensive training plan that includes work based and school-based competencies.
- ◆ Monitor each student's progress at the training site periodically.
- ◆ Assist students in planning and integrating school curriculum and training with emphasis, where possible, on applied academics and related occupational courses.
- ◆ Adjust class schedules when necessary to accommodate students.
- ◆ Provide individual career guidance to assist the student in deciding the next career progression step after high school.
- ◆ Assess student performance.
- ◆ Award school credit for the education/training.
- ◆ Ensure that appropriate accident, liability, and workers' compensation insurance coverage is provided.
- ◆ Maintain appropriate records.

<b>WORK SITE COMPETENCIES</b>
-------------------------------

4=Skilled	3=Moderately Skilled	2=Limitedly Skilled	1=Unsuccessful	0=No Exposure
-----------	----------------------	---------------------	----------------	---------------

WORK COMPETENCIES	GRADING PERIODS					
	1	2	3	4	5	6
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

If additional space is needed, attach an extra sheet of paper.



<b>SCHOOL SITE COMPETENCIES</b>
---------------------------------

4=Skilled	3=Moderately Skilled	2=Limitedly Skilled	1=Unsuccessful	0=No Exposure
-----------	----------------------	---------------------	----------------	---------------

GRADING PERIODS						
SCHOOL COMPETENCIES	1	2	3	4	5	6
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

If additional space is needed, attach an extra sheet of paper.

**TERMINATION**

This agreement may be terminated for any of the following reasons: nonperformance on the part of the student or employer, relocation of either the student or employer, or change in the student's career choice. The employer and student must be notified prior to termination by the student.

**SIGNATURES**

_____ Student	_____ Date	_____ Parent/Guardian	_____ Date
_____ High School Principal	_____ Date	_____ Worksite Supervisor	_____ Date
_____ School Site Instructor	_____ Date	_____ School/District WBL Coordinator	_____ Date

**NOTE:** It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, handicap, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity

SAMPLE

## Summer Employment Addendum to the COOPERATIVE EDUCATION/ DIVERSIFIED OCCUPATIONS (COOP/DO) TRAINING AGREEMENT

During the school year, cooperative education students participate in both school-site learning (classroom instruction) and work-site learning (on-the-job training). They earn school credit and receive a separate grade for both experiences. To provide continuity in the students work based learning experience and preserve a position for the student at the training station it is often desirable for employment to continue throughout the summer months. The purpose of this Summer Employment Addendum to the COOP/DO Training Agreement is to clarify the responsibilities of all parties during this interim period of time.

Student's Name \_\_\_\_\_ SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_  
School Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_  
School Name \_\_\_\_\_ School Location: \_\_\_\_\_  
Parent Guardian \_\_\_\_\_ Phone # \_\_\_\_\_  
  
Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Career Cluster \_\_\_\_\_ Title of Student's Position \_\_\_\_\_  
Date Assignment Starts \_\_\_\_\_ Planned Ending Date \_\_\_\_\_  
# of Days per Week \_\_\_\_\_ # of Hours per Day \_\_\_\_\_ Hours \_\_\_\_\_ A.M. Hours P.M. \_\_\_\_\_  
Travel arrangements \_\_\_\_\_

### ALL PARTIES JOINTLY AGREE TO THE FOLLOWING TERMS (IN ADDITION TO THOSE TERMS STATED IN THE ATTACHED TRAINING AGREEMENT and TRAINING PLAN)

Although the student is not enrolled in school-site learning (classroom instruction) during the summer and is not receiving school credit for the work-site learning (on-the-job training), **he/she will still be considered to be enrolled in a course of study and training in a State recognized COOP/DO Program if:**

1. The COOP/Do Program at the school meets State program standards during the school year preceding and following the summer training.
2. The school coordinator maintains a record of monthly contacts with the employer throughout the summer.
3. The employer agrees to contact the school coordinator immediately if problems arise with the student's performance or attendance.
4. The student training plan established for the school year is extended to include summer employment.
5. Safety instruction has been provided by the school and/or employer and student competency/mastery is documented.
6. The employer agrees to provide *direct* and *close* supervision of the student by a qualified person over the age of 18.
7. The hazardous portion of the student's work is *incidental* to training.
8. The hazardous portion of the student's work is *intermittent* and for *short* periods of time.

## SIGNATURES

School personnel will not be present when the student is at the work site and will not be responsible for the student-learner. Although the student is not participating in classroom instruction during the summer months and not receiving school credit for the on-the-job training, he/she is still officially enrolled in a State-recognized cooperative education program and is expected to conform to the terms set forth in the attached training agreement (dated \_\_\_\_\_) and training plan (dated \_\_\_\_\_). All signatories agree to comply with the responsibilities specified in this training agreement addendum.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Student \_\_\_\_\_ Date \_\_\_\_\_  
School Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
Employer \_\_\_\_\_ Date \_\_\_\_\_

To be valid, the following signed forms must be attached to this Addendum: (1) Training Agreement, (2) Training Plan, (3) Student Learner Exemption Agreement (if student will be involved in a hazardous occupation as defined under the Federal Child Labor guidelines), and (4) Insurance and Emergency Information.

Return this form with all signatures at least 5 days before your program begins.

**SAMPLE**

**COOPERATIVE EDUCATION (COOP)  
PARENT INFORMATION LETTER**  
(Sent on school letterhead)

Date

Parent's Name

Address

City/State/Zip

Dear \_\_\_\_\_:

Your son/daughter has registered to participate in the Cooperative Education Internship Program at \_\_\_\_\_ High School. This is a structured work based learning program whereby students in the 11th and 12th grade receive school site occupational instruction and related paid work site experience for application of that instruction. Cooperative education offers students a chance to extend the classroom into a workplace setting, combining classroom activities with actual work experience. The purpose is to provide students the opportunity to connect what they learn in school with work site application to enable a smooth transition into the work force or postsecondary education upon high school graduation.

All students will interview for positions in local businesses. The final placement of students is based on the employer's decision. Students and parents will be asked to sign and abide by a contractual training agreement, which must be signed before the student begin the placement for high school credit.

Work site evaluation of the student-learner's performance will be conducted by the employer and discussed with the student by the employer and school coordinator to assess progress towards attainment of established competencies. School personnel will conduct regular on-site visits to monitor the student-learners progress.

I am looking forward to working with you and your son/daughter during this school year. If you have any questions, please feel free to contact me at school (phone #) or at home (phone #).

Sincerely,

Name

Cooperative Education Program

Teacher/Coordinator

**SAMPLE**

**COOPERATIVE EDUCATION (COOP)  
STUDENT TIME SHEET**

Due Date \_\_\_\_\_

Student Name \_\_\_\_\_

Training Station Manager/Employer \_\_\_\_\_

Program Title \_\_\_\_\_ Teacher \_\_\_\_\_

Student: This time report must be signed by your training station manager/employer and turned in each Monday following the training week to the teacher of your related instruction class.

List things you did or learned this week:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Number of training hours:**

Beginning Monday \_\_\_\_\_  
Date Mon Tue Wed Th Fri Sat Sun Total Hours \*

\_\_\_\_\_  
Training Station Manager/Employer's Signature

\_\_\_\_\_  
Date

Optional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*On-the-Job Training Hours**

14-15 year olds: Maximum of 3 hours/school day; 8 hours/non-school day  
Maximum of 18 hours/school week; 40 hours/non-school week

16-17 year olds: Recommended maximum of 4 hours/school day; 8 hours/non-school day  
Recommended maximum of 30 hours/school week; 40 hours/non-school week

*Classroom attendance is in addition to on-the-job training attendance.*

**SAMPLE****COOPERATIVE EDUCATION (COOP)  
EMPLOYER EVALUATION OF STUDENT PERFORMANCE**

Student Name \_\_\_\_\_ For the Period \_\_\_\_\_ 20 \_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

**Instructions:**

This report is to be completed by the student's immediate supervisor, discussed with the student, signed by both the supervisor and the student and returned to the school coordinator by mail or during a visit. In the space at the left, check the phrase that describes this student learner most accurately. Total the value for all the responses and record in the Total Scores section.

**Productivity**

- 0 \_\_\_\_\_ Fails to do an adequate job  
1 \_\_\_\_\_ Does just enough to get by  
2 \_\_\_\_\_ Maintains constant level of performance  
3 \_\_\_\_\_ Very industrious; does more than is required  
4 \_\_\_\_\_ Superior work production record

**Ability to Follow Instructions**

- 0 \_\_\_\_\_ Seems unable to follow instructions  
1 \_\_\_\_\_ Needs repeated detailed instructions  
2 \_\_\_\_\_ Follows most instructions with little difficulty  
3 \_\_\_\_\_ Follows instructions with no difficulty  
4 \_\_\_\_\_ Uses initiative in interpreting and following instructions

**Initiative**

- 0 \_\_\_\_\_ Always attempts to avoid work  
1 \_\_\_\_\_ Sometimes attempts to avoid work  
2 \_\_\_\_\_ Does assigned job willingly  
3 \_\_\_\_\_ Does more than assigned job willingly  
4 \_\_\_\_\_ Shows originality/resourcefulness in going beyond assigned job

**Quality of Work**

- 0 \_\_\_\_\_ Does almost no acceptable work  
1 \_\_\_\_\_ Does less than required amount of satisfactory work  
2 \_\_\_\_\_ Does normal amount of acceptable work  
3 \_\_\_\_\_ Does more than required amount of neat, accurate work  
4 \_\_\_\_\_ Shows special aptitude for doing neat, accurate work beyond required amount

**Dependability**

- 0 \_\_\_\_\_ Unreliable, even under careful supervision  
1 \_\_\_\_\_ Sometimes fails in obligations, even under supervision  
2 \_\_\_\_\_ Meets obligations under supervision  
3 \_\_\_\_\_ Meets obligations under very little supervision  
4 \_\_\_\_\_ Meets all obligations without supervision

**Cooperation**

- 0 \_\_\_\_\_ Uncooperative, antagonistic  
1 \_\_\_\_\_ Cooperates reluctantly  
2 \_\_\_\_\_ Cooperates willingly when asked  
3 \_\_\_\_\_ Cooperates eagerly and cheerfully  
4 \_\_\_\_\_ Always cooperates eagerly and cheerfully

**Ability to Get Along with People**

- 0 \_\_\_\_\_ Frequently rude and unfriendly - uncooperative  
1 \_\_\_\_\_ Has some difficulty working with others  
2 \_\_\_\_\_ Usually gets along well with people  
3 \_\_\_\_\_ Is poised, courteous, and tactful with people  
4 \_\_\_\_\_ Exceptionally well accepted by peers, customers and supervisors

**Attendance**

- 0 \_\_\_\_\_ Often absent without good excuse and/or frequently late  
1 \_\_\_\_\_ Lax attendance and/or frequently late  
2 \_\_\_\_\_ Usually present and on time  
3 \_\_\_\_\_ Very prompt and regular in attendance  
4 \_\_\_\_\_ Always prompt and regular; volunteers for overtime when asked

**Appearance**

- 0 \_\_\_\_\_ Untidy or inappropriately groomed  
1 \_\_\_\_\_ Sometimes neglectful of appearance  
2 \_\_\_\_\_ Satisfactory appearance  
3 \_\_\_\_\_ Careful about personal appearance  
4 \_\_\_\_\_ Exceptionally neat and appropriately groomed

**TOTAL SCORE****Overall Estimate of Student's Work (Employer's Grade)**

- Poor (Below 20)  
Below Average (20-25)  
Average (26-30)  
Above average (31-35)  
Outstanding (36-40)

Progress toward completion of Work Site Competencies outlined in the Student's Training Plan and Progress Report: \_\_\_\_\_ Satisfactory  
\_\_\_\_\_ Unsatisfactory

**Comments** \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_ Coordinator's Grade \_\_\_\_\_

**SAMPLE****COOPERATIVE EDUCATION (COOP)  
FORMER STUDENT FOLLOW UP**

Please complete this survey regarding your participation in the Cooperative Education Program at \_\_\_\_\_. While you are not required to respond, your cooperation is needed to ensure that the results of this effort are comprehensive, reliable, and timely. The responses that you give will be kept strictly confidential.

1. What is your current educational status? (Check one)
  - ☐ Full-time student
  - ☐ Part-time student
  - ☐ Not currently attending school
2. What is your highest level of educational attainment? (Check one)
  - ☐ High School Diploma
  - ☐ Associates Degree
  - ☐ 2-Year Certificate
  - ☐ Certificate of Mastery
  - ☐ Baccalaureate Degree
  - ☐ Masters Degree
  - ☐ Ph.D.
  - ☐ Other \_\_\_\_\_
3. What is your current employment status? (Check one.)
  - ☐ Employed Includes all employment, including full-time military service..
  - ☐ Employed Full-time military service.
  - ☐ Unemployed Not employed, but actively seeking employment.
  - ☐ Not in the Labor Force Not employed and not seeking employment because of choice, illness, full-time student status, retirement, pregnancy, or other such reason.

**NOTE: If you are currently employed, please answer the remaining questions. Otherwise skip to item #8.**

4. Please provide the following information regarding your current job:

\_\_\_\_\_  
Name of Company or Firm (If self-employed, please write self.)

\_\_\_\_\_  
Company or Firm Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Your Immediate Supervisor: Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

**The State Department of Vocational Education may contact my immediate supervisor regarding the vocational training I received.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Year in which you completed vocational program

## FORMER STUDENT FOLLOW-UP SURVEY

Page 2

### CURRENT JOB INFORMATION

Job Title \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. What is your current salary before deductions? (Do not add overtime)

\$ \_\_\_\_\_ per \_\_\_\_\_

6. The salary in the preceding item is based on how many hours per week employment?

\_\_\_\_\_ hours per week

7. Is the job related to your field of vocational training?

- ☐ Yes, it is directly or closely related. (If yes, skip item #8)  
☐ No, it is only remotely related or is not related at all. (If no, answer item #8.)

8. Have you ever been employed in a job directly or closely related to your field of vocational training since you completed or left your program?

- ☐ Yes  
☐ No

**Thank you very much for your cooperation.  
Please return this form in the enclosed envelope.  
No postage is required.**



## SAMPLE COOPERATIVE EDUCATION (COOP) RECORD OF COORDINATOR VISITS

## SAMPLE COOPERATIVE EDUCATION (COOP) RECORD OF COORDINATOR VISITS

**Program Title** \_\_\_\_\_ **Teacher** \_\_\_\_\_

[illegible]

Training stations should be visited at least once every four weeks. (No less than every second visit should include an observation of the student engaged in on-the-job training experiences.)

**SAMPLE**

**COOPERATIVE EDUCATION (COOP)  
LIST OF STUDENTS IN THE PROGRAM**

**PROGRAM AREA/SCHOOL**

---

<b>Student's Name</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Student Job Title</b>	<b>Work Based Site</b>	<b>Site Supervisor</b>	<b>Phone Number</b>	<b>Dates of Employment</b>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							